

Prepared by _____
Date 6/11/85

YES NO Primary Examiner box complete.
YES NO Issuing Classification complete.

YES NO Examiner's initials or cross-through lines supplied for each item cited by applicant.
YES NO Date(s) supplied/complete on all PTO-1449/892 sheets. (Month and year required.)

~~YES~~ NO Brief Description of Drawings includes description of each figure in drawings.
~~YES~~ NO Continuing data is mentioned in 1st paragraph. (Can be an insert.)

YES NO Claims listed on Notice of Allowability match allowed claims and/or index of claims.
YES NO Claims correctly numbered in index.
(No duplicate or missing claim numbers.)
(No incorrect dependencies.)

(YES NO If necessary (biological sequence listing).

☒ YES ☐ NO Either Box No. 3 (drawings accepted) or Box No. 8 (corrected drawing request) has been checked.